

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No.

1003

STATE FILE NUMBER

10864

Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>404C 1/2 N. BROADWAY</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>ST. LOUIS CITY HOSP. #1457AS</u>				Length of stay in lb <u>157</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERTRUDE C. JOHNSTON</u>				4. DATE OF DEATH Month Day Year <u>NOV. 13, 1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 17, 1904</u>	9. AGE (in years last birthday) <u>52</u>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WAITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (City and state or country) <u>FLINT HILL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ARTHUR DIECKHAUS</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW JOHNSTON (DECEASED)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-22-5617</u>		17. INFORMANT Address <u>MRS. HELEN ARNOLD 914 PENROSE STREET</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u> DUE TO (b) <u>LUETIC AORTIC INSUFFICIENCY</u> DUE TO (c) <u>UNKNOWN</u> Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>ENCEPHALOMA/ACIA DUE TO MENINGO-VASCULAR LUES</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>UNKNOWN</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>023X</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11/11/57</u> to <u>11/13/57</u> and last saw her alive on <u>11/13/57</u> Death occurred at <u>6:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Daniel J. Mullally</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		22c. DATE SIGNED <u>11/13/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL MOTOR</u>		23b. DATE <u>11-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SANDY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>SANDY MO.</u>	
24. FUNERAL DIRECTOR <u>Edward Meyer & Sons</u>		ADDRESS <u>3934 N. 20TH ST.</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 14 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>m. l. b.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gustav W. Dietzler*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.